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Effective on 12/08/2004.				Complete if Known				
Fees pursuant to th			ns Act, 2005 (H.R. 4818).	Application Nur	mber	09/829724-Co	nf. #8425	
FEE TRANSMITTAL			Filing Date					
For FY 2005					John E. Jones	· · · · · · · · · · · · · · · · · · ·		
<del></del>	1011	1 2000	·	Examiner Name		A. A. Taylor		
Applicant	claims small e	ntity status. S	See 37 CFR 1.27	Art Unit		2876		
TOTAL AMOUN	IT OF PAYM	ENT	(\$) 1,240.00	Attorney Docket	No.	47171-00283L	JSPT	
METHOD OF I	PAYMENT	(check all the	nat apply)					
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order Other (please identify):  X Deposit Account Deposit Account Number: 10-0447 Deposit Account Name: Jenkens & Gilchrist, a Professional Corporation								
For the a	bove-identifi	ed deposit a	ccount, the Director	is hereby authorize	ed to: (che	ck all that apply)		
x Cha	arge fee(s) ir	ndicated bel	ow	Charg	e fee(s) in	dicated below, ex	cept for the filing fee	
X Cha	arge any add	litional fee(s	) or underpayment o	f x Credit	any overp	ayments		
FEE CALCUL	<del>```</del>	CFIX 1.10 a	3110 1.17					
1. BASIC FILING		AND EXAM	INATION FEES					
	,			EARCH FEES	EXAMII	NATION FEES		
Application Type	ne	Fee (\$)	Small Entity Fee (\$) Fee (	\$ Small Entity \$) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)	
Utility	<u> </u>	300	150 500		200	100		
Design		200	100 100		130	65		
Plant		200	100 300		160	80		
Reissue		300	150 500	250	600	300		
Provisional		200	100	0	0	0		
2. EXCESS CLAI	IM FEES						Small Entity	
Fee Description							Fee (\$) Fee (\$)	
Each claim over	•						50 25	
Each independen		3 (includin	g Reissues)				200 100	
Multiple depende		aima E	no (\$) - Foo	Paid (\$)	B.A	uitiple Depende	360 180	
Total Claims	Extra CI	x x	ee (\$) Fee =	raid (\$)			ee Paid (\$)	
	·	^						
Indep. Claims	Extra Cl	aims F	ee (\$) Fee	Paid (\$)				
3. APPLICATION	SIZE FEE							
If the specificati	ion and draw	ings exceed	d 100 sheets of pape	r (excluding electr	onically fi	led sequence or	computer	
			pplication size fee o			ntity) for each a	dditional 50	
			S.C. 41(a)(1)(G) an			of Fee (\$)	Fee Paid (\$)	
<u>Total Sheets</u>	- 100 =	a Sheets	/50	additional 50 or fra- (round up to a who			=	
4. OTHER FEE(S				_ (	,		Fees Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 790.00  1262 Extension for response within second month 450.00								
SUBMITTED BY								
Signature	U,		W	Registration No. (Attorney/Agent)	35,701	Telephone	(214) 855-4795	
Name (Print/Type)	Andre M. S	zuwalski				Date	June 6, 2005	
[								
I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS RCE, Commissioner to Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown								
below.  Dated: June 6, 2005 Signature: (Margo Barbarash)								



## FEE SUMMARY SHEET

## ransmittal -- Request for Continued Examination (RCE) (PTO SB-30)

Date: Time:

June 6, 2005

5:43 PM

Docket:

47171-00283USPT

Filing Date:

April 10, 2001

Application No:

09/829724

Total Fee:

\$ 1,240.00

Code	Amount	37 CFR	Fee Description	Listed on
1801	790.00	1.17(e)	Request for continued examination (RCE) (see 37 CFR 1.114)	Fee Transmittal (PTO SB-17)
1252	450.00	1.17(a)(2)	Extension for response within second month	Fee Transmittal (PTO SB-17)